



Texas Department of Insurance, Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor's Name and Address: LES BENSON MD PA. 1220 GUNNISON WACO, TEXAS 78712	MFDR Tracking #: M4-09-0834-01
Respondent Name and Box #: TASB. REP BOX #: 47	

PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Requestor's Position Summary: "The carrier did not pay the Maximum Allowable Reimbursement (MAR) for the code billed 99456 WP. The MAR for 99456 is \$350.00. They only paid \$50.00."

Principle Documentation:

1. DWC 60 package
2. Total Amount Sought - \$300.00
3. CMS 1500s and EOBs
4. LETTER OF CLARIFICATION (LOC) REQUEST dated 06/19/08
5. RESPONSE TO LOC

PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION

Respondent's Position Summary "Dr. Benson performed a Designated Doctor exam on Ms. Smith on April 25, 2008 and was paid accordingly. The documentation submitted with the bill in dispute, date of service July 10, 2008, stated he reviewed a videotape of the patient. There is no scheduled amount for this type of activity. TASB has established \$50.00 as a reasonable amount for review of records of any type, including surveillance videos, and reporting an opinion based on records or videos. This is consistent 134.204(j)(D)(iii)(I), which sets a fee allotted to the examining physician to review reports from other specialists. No new exam of the patient appears to have been conducted, so payment for an exam would not apply."

Principle Documentation:

1. Response to DWC 60

PART IV: SUMMARY OF FINDINGS

Eligible Dates of Service (DOS)	CPT Codes and Calculations	Part V Reference	Amount Ordered
07/10/08	99456-WP	1 – 3	\$0.00
Total Due:			\$0.00

PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION

Texas Labor Code Section 413.011(a-d), titled *Reimbursement Policies and Guidelines*, and Division Rule 134.204, titled *Medical Fee Guideline* for professional medical services provided on or after August 1, 2003, set out the reimbursement guidelines.

1. The services listed in Part IV of this decision were reduced/denied by Respondent with reason codes:
 - W1 – Workers Compensation State Fee Schedule Adjustment;
 - W4 – No additional reimbursement allowed after review of appeal/reconsideration;
 - Note – No further reimbursement due at this time for review of videotape.

2. On this date the Requestor billed \$350.00 for CPT code 99456-WP. The Requestor was responding to a Letter of Clarification from Division regarding a DWC ordered exam opinion. There is no evidence per documentation of anything other than review of a videotape for the purposes of clarifying an earlier position rendered on 04/25/08. This review of videotape constitutes a continuation of a service already rendered and reimbursed and is not separately payable per 134.204(j)(1)(D) which states:

“(j)Maximum Medical Improvement and/or Impairment Rating (MMI/IR) examinations shall be billed and reimbursed as follows:

(1)The total MAR for an MMI/IR examination shall be equal to the MMI evaluation reimbursement plus the reimbursement for the body area(s) evaluated for the assignment of an IR. **The MMI/IR examination shall include:**

(D) the preparation and submission of reports (including the narrative report, and **responding to the need for further clarification**, explanation, or reconsideration), calculation tables, figures, and worksheets; and...”

3. Billing for a 99456-WP as an additional service is not payable under this rule. The documentation shows that this is a follow up to a clarification question on an MMI/IR service rendered and paid \$850.00 for the 04/25/08 DOS. There is no further reimbursement for the review which was part of a clarification response from DWC. In addition, the doctor asserts that a physical reexamination took place for which there is no documentary proof to verify that was available to the IC or DWC at time of audit. The Requestor also indicates that the service performed was a 99456-WP. The documentation submitted by the Requestor does not support the use of 99456-WP. Therefore, additional reimbursement is not recommended for this dispute.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code Section 413.011(a-d), Section 413.031 and Section 413.0311
28 Texas Administrative Code Section 134.1, Section 134.204, 126.6, 126.7, 130.6
Texas Government Code, Chapter 2001, Subchapter G
Rule 134.204

PART VII: DIVISION DECISION

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code, Sec. 413.031 and 408.027(a), the Division has determined that the Requestor is entitled to \$0.00 reimbursement.

DECISION:

October 22, 2009

Authorized Signature

Auditor
Medical Fee Dispute Resolution

Date

PART VIII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division Rule 148.3(c).

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 Rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.